CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Please type or print in ink.	(MIDDLE)
NAME OF FILER (LAST) Holdon - God son	(FIRST) (MIDDLE)
1. Office, Agency, or Court	
Agency Name State Conholler office Division, Board, Department, District, if applicable Executive office	Deputy Conholler Health + Consuer (
If filing for multiple positions, list below or on an attachment. Agency: See attached L.Sh.	Position:
2. Jurisdiction of Office (Check at least one box) State Multi-County City of	Judge or Court Commissioner (Statewide Jurisdiction) County of Other
3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2011, through December 31, 2011. The period covered is	Leaving Office: Date Left
4. Schedule Summary Check applicable schedules or "None." ➤ Total Schedule A-1 - Investments – schedule attached Schedule A-2 - Investments – schedule attached Schedule B - Real Property – schedule attached -or- None - No reportable inter	Schedule C - Income, Loans, & Business Positions – schedule attached Schedule D - Income – Gifts – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached rests on any schedule
I certify under penalty of perjury under the laws of the State of Califo	

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

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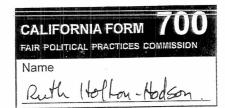
Name

Rith Holla-Hodson

NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
Bladrock Equity	Tortaise MLP Fund
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	Tortaise MLP Fund GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Equity Trivestment firm.	Investment 6.
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$\frac{1}{2}\$\$ \$10,001 - \$100,000 \$\frac{1}{2}\$\$ \$100,000 \$\frac{1}{2}\$\$ \$100,000	\$2,000 - \$10,000
\$100,001 - \$1,000,000 Over \$1,000,000	[] \$100,001 - \$1,000,000
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT Stock Other (Describe)
(Describe)	Partnership O Income Received of \$0 - \$499
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/	S / / 11 / 11 ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY,	► NAME OF BUSINESS ENTITY
Consolidated Edison	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
C	
Chegy	
FAIR MARKET VALUE	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000
\$2,000 - \$10,000 \$100,000 Over \$1,000,000	\$2,000 - \$10,000
S100,001 - \$1,000,000 Over \$1,000,000	
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other(Describe)	Stock Other (Describe)
Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/ / 11 / / 11	/ / 11/11
ACQUIRED DISPOSED	
	NAME OF BUSINESS ENTITY
NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
Couga ta toldine Carp	OFFICE AL DECORIDETON OF BUSINESS ACTIVITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
9. 2-6	
yes sy	FAIR MARKET VALUE
FAIR MARKET VALUE \$2,000 - \$10,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$2,000 - \$10,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT Stock Other
Stock Other(Describe)	(Describe)
Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
O Income Received of \$500 or More (Report on Schedule C)	
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED BIOFOSED

Comments: ___

SCHEDULE D Income - Gifts



NAME OF SOURCE	► NAME OF SOURCE		
Caribol Focus			
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
1220 H St., Sae. CA 95814.			
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
Civic Participation			
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		
5,31,11 \$ \$50 dinner			
<u></u> \$			
► NAME OF SOURCE	NAME OF SOURCE		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		
\$			
► NAME OF SOURCE	► NAME OF SOURCE		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		
\$			
\$	\$		
\$			
Comments:			

FPPC Form 700: Multiple Agency Positions

Controller Designee: CalPERS, CalSTRS, California Health Facilities Financing Authority, California Pollution Control Financing Agency, California Alternative Energy and Advanced Transportation Financing Authority, California Industrial Development Financing Advisory Commission, California Education Financing Authority.